

Work Order ID 95384

95384

Page 1

January-09-13 12:30:09 PM

Item ID: D3018-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Stop

NS2

Item Name: Seat Cushion

Start Date: 1/09/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 1/25/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals: Process Plan: ML5

Date: 13-01-10 Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
D3018	B	0.00							
100	PURCHASING	0.00							
100 Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>18805</u>								
	Possible supplier: Chestnut Ridge Airflex fire-resistant aircraft cushioning								
	Order: Grade 55.65 (colour orange), Density 3.6lb/ft ³								
	Material must meet FAR 27.853(a) or 25.853(a)								
	Part is symmetric about centerline-All dimensions								
110	Packaging	0.00							
110 Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								

CL 13/01/10 (4)

1/20/12 (2)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: . .

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS									
				Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other							
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions						<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	

Work Order ID 95384***95384***

Page 2

January-09-13 12:30:09 PM

Item ID: D3018-1

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Seat Cushion

Stop

NS2

Start Date: 1/09/13 Start Qty: 4.00

4

Cust Item ID:

Required Date: 1/25/13 Req'd Qty: 4.00

4

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

120

QC

Quality Control

QC6- Inspect dimensions to drawing

0.00

045
15
89

0.00

13-1-23

4

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: 314A

0.00

Memo

0.00

41 13-01-23 JF

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

0.00

Memo

0.00

13/1/25 JF

13-01-23

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>						
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>						
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>						
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Picklist Print

January-09-13 12:30:09 PM

Page 1

Work Order ID: 95384

Parent Item: D3018-1

Parent Item Name: Seat Cushion

Start Date: 1/09/13

Required Date: 1/25/13

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP: B01.06.08Removed acid etch & alodine EC
NCR 11-588 DD VERF:EC IPP REV:C 11.08.08 added note per

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1P Seat Cushion		Purchased	No			110	Each	0.0000	1	4			

1/3/13 (G)

NCR: Yes / No

DQA: _____ Date: _____

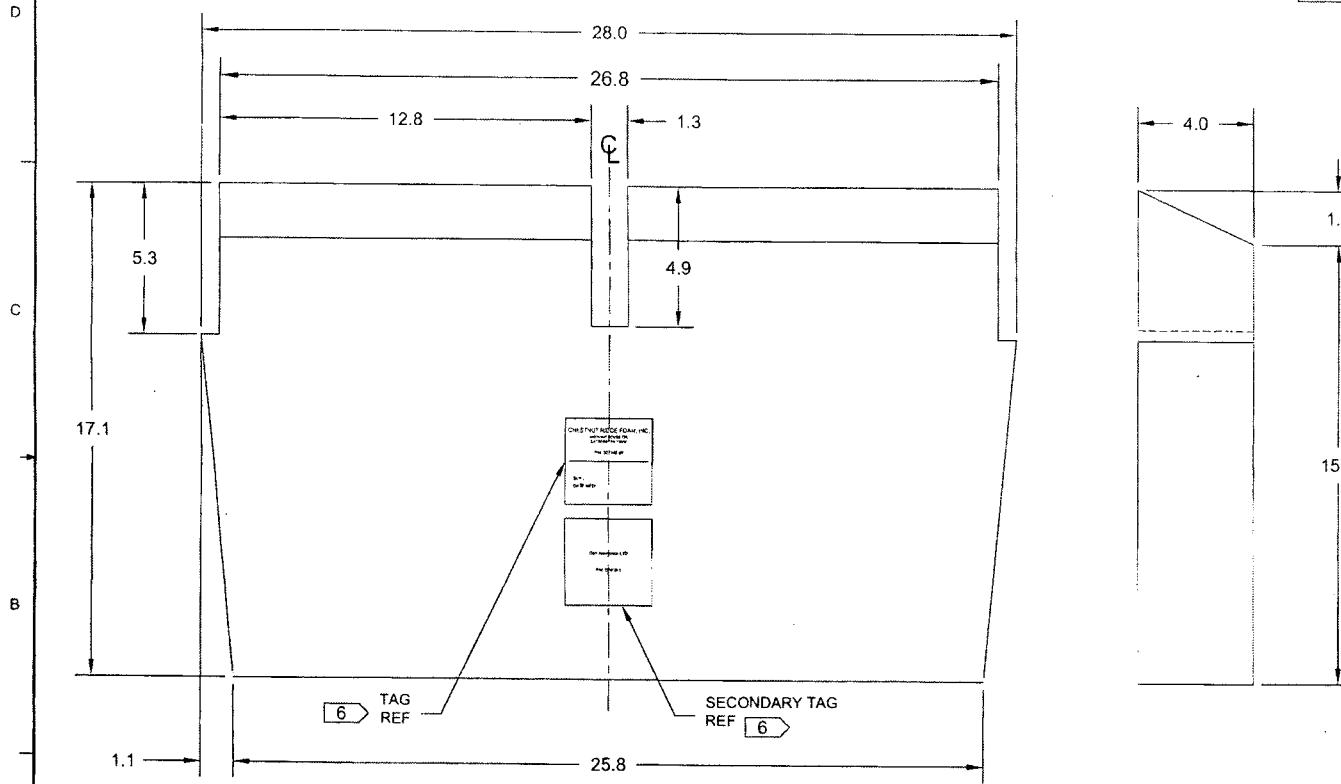
WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>						
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
Bending		Bend <input type="checkbox"/>		Grain <input type="checkbox"/>		Ovalized <input type="checkbox"/>		Pressure/Forced <input type="checkbox"/>			
Centre Not Concentric to O/S		BOM/Route <input type="checkbox"/>		Hardware <input type="checkbox"/>		Over/Under tolerance <input type="checkbox"/>		Temperature/Cure <input type="checkbox"/>			
Cracks		Broken/Damaged <input type="checkbox"/>		Inspection Incomplete <input type="checkbox"/>		Part Incorrect <input type="checkbox"/>		Weld <input type="checkbox"/>			
Crushed/Crimped.		Burrs <input type="checkbox"/>		Instructions Incomplete/Unclear <input type="checkbox"/>		Part Lost/Missing <input type="checkbox"/>		Wrong Stock Pulled <input type="checkbox"/>			
Cuffs		Contamination <input type="checkbox"/>		Maintenance <input type="checkbox"/>		Part Moved <input type="checkbox"/>					
Heat Treat		Countersink <input type="checkbox"/>		Mislabeled <input type="checkbox"/>		Positioned Wrong <input type="checkbox"/>					
Inspection Strip in Tube		Cut Too Short <input type="checkbox"/>		Misread <input type="checkbox"/>		Power Loss/Surge <input type="checkbox"/>					
Ripples in Bend		Drill Holes <input type="checkbox"/>		Offset <input type="checkbox"/>		Other <input type="checkbox"/>					
Torque Waves in Extrusion		Drawing <input type="checkbox"/>		Out of Calibration <input type="checkbox"/>							
Turning Sequence		Finish <input type="checkbox"/>		Out of Sequence <input type="checkbox"/>							
Wave/Twist in Tube		Folio <input type="checkbox"/>		Outside Dimensions <input type="checkbox"/>							

SPECIFICATION CONTROL DRAWING.

TABLE 1					
THICKNESS/HEIGHT	TOLERANCE (+)	LENGTH/DEPTH	TOLERANCE (-)	WIDTH (LEFT TO RIGHT)	TOLERANCE (+)
0.0 - 0.50	0.05	0.05	0.00 - 5.00	0.00 - 5.00	0.05 - 0.55
0.51 - 1.00	0.13	0.05	0.01 - 12.00	0.13 - 0.13	0.01 - 12.00
1.01 - 3.00	0.13	0.05	12.01 - 24.00	0.25 - 0.25	12.01 - 24.00
3.01 +	0.19	0.13	24.01 +	0.50 - 0.38	24.01 +



SHEET 1 OF 1
 RETURN TO
 ENGINEER
 UNCONTROLLED
 SUBJECT TO AMENDMENT
 WITHOUT
 WORKING
 NO. 95384 M/C
 13-01-10

RELEASED
 2011-05-10

NOTES:

- 1) MATERIAL: MUST MEET FAR 27.853(a) OR 25.853(a)
AIRFLEX FIRE-RESISTANT AIRCRAFT CUSHIONING
GRADE 55-65 (COLOUR ORANGE)
DENSITY 3.6 lb/ft³
- 2) FINISH: NONE
- 3) TOLERANCES: PER TABLE 1
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A

- 6) IDENTIFICATION: TAG(S), BURNED, TO SHOW THE FOLLOWING AT MINIMUM:
CHESTNUT RIDGE FOAM, INC.
443 WAREHOUSE DR.
LATROBE, PA 15650
SO#
DATE MFD:
DART AEROSPACE LTD. P/N D3018-1
- 7) PART IS SYMMETRICAL ABOUT CENTERLINE
- 8) MAKE PER TEMPLATE
- 9) POSSIBLE SUPPLIER: CHESTNUT RIDGE P/N 502148-99

B	UPDATE TO CURRENT STD; DRAWING REVISED IAW CHESTNUT RIDGE MFG DWG. REF: NCR11-588	MB	11.05.10
A	NEW ISSUE	CP	01.05.18
REV.	DESCRIPTION	BY	DATE
DESIGN	197	DART AEROSPACE LTD	
DRAWN	4	HAWKESBURY, ONTARIO, CANADA	
CHECKED	100	DRAWING NO.	REV. B
MFG. APPR.	100	D3018	SHEET 1 OF 1
APPROVED	100	TITLE	SCALE
DE APPR.	100	SEAT CUSHION	NTS
DATE	11.05.10	COPRIGHT © 2001 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY OTHER PURPOSE OR DISCLOSED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Part No. _____	Work Order:	Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Part No. _____	NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear					General						
Bending		Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>						
Centre Not Concentric to O/S		BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
Cracks		Broken/Damaged <input type="checkbox"/>	Inspector Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
Crushed/Crimped.		Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
Cuffs		Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
Heat Treat		Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
Inspection Strip in Tube		Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>						
Ripples in Bend		Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>								
Torque Waves in Extrusion		Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
Turning Sequence		Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
Wave/Twist in Tube		Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18805**

Purchase Order Date 1/10/13
PO Print Date 1/10/13

Page Number 1 of 1

Order From : VU-CHE001

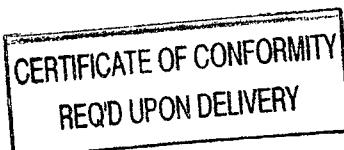
CHESTNUT RIDGE FOAM, INC.
PO BOX 6015
HERMITAGE, PA 16148
US

Contact Name	Buyer	Chantal Lavoie
Vendor Phone	Requisition Nbr	
Vendor Fax	Tax Resale Nbr	10127-2607
Vendor Account Nbr	Terms	Net 30
	Currency	USD
	FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

**FAXED
1/13/13/13**

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	D3018-1P SM	Seat Cushion	1/23/13 Yes	4.00 Each	FedEx PI collect	\$57.6200	\$230.48
2	D3019-1P	Back cushion	1/23/13 Yes	4.00 Each	FedEx PI collect	\$44.4200	\$177.68
		Special Inst:	AS PER DWG D3018 REV. B B95384				
		Special Inst:	AS PER DWG D3019 REV. B B95402				
					PO Total:		\$408.16



Change Nbr:

Change Date: 1/10/13

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Ref Exp #1011-9524-U

Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

Chantal Lavoie fax#: 613-632-1055

Dart Aerospace Ltd.
1270 Aberdeen Street
Tel: 613-632-3336
Hawkesbury ONTARIO, CANADA K6A 1K7

PO: PG18805

Ship Via: Fed Exp Int P1

FOB: Origin

Ship Date: 1/21/2013

SO: 46213

Sales Person: Aircraft

Customer requests a 1-22-13 ship date.

Certificate of Conformity that all components comply with 14CFR 25.853(a) 12 Second Vertical Burn with Shipment

Line	Planned Qty	Shipped Qty	Backorder	Part Number	Revision
1	4.00EA	4.00		0.00 D3018-1P	
				Description: AIRFLEX Bottom Cushion Our Part: 502148-99	
2	4.00EA	4.00		0.00 D3019-1P	
				Description: AIRFLEX Back Cushion Our Part: 601988-99	

CONTACT CHESTNUT RIDGE FOAM IF THERE IS DAMAGE OR DISCREPANCIES 724-537-9000



**Chestnut Ridge
Foam, Inc.**

**"URGENT! FLAMMABILITY CERTIFICATION
ENCLOSED. PLEASE FORWARD TO
PURCHASING. DO NOT THROW AWAY!"**

Certificate of Conformance

SOLD TO:

Dart Aerospace
1270 Aberdeen Street
Hawkesbury
Ontario CANADA K6A1KS

PURCHASE ORDER: PO18805

SALES ORDER: 46213

DATE SHIPPED: 01.21.2013

***I certify that the individual components comprising the part shipped
against the above-referenced purchase order meets the following
requirements:***

14 CFR 25.853(a), APPENDIX F, PART 1(a)(1)(ii), AMENDMENT 25-116

Quantity	Customer Part Number	CRF Part Number	Material	Batch Number
4	D3018-1P	502148-99	AIRFLEX 55-65	AF13002
4	D3019-1P	601988-99	AIRFLEX 30-40	AF13003

MADE IN THE U.S.A.

Grace Harr



Digitally signed by Grace Harr
DN: cn=Grace Harr, o=Chestnut Ridge Foam, Inc., ou=QA
Inspector, email=crfqc@chestnutridgefoam.com, c=US
Date: 2013.01.21 08:45:28 -05'00'

❖ 443 Warehouse Drive Latrobe, PA 15650
❖ Phone: 724-537-9000 Fax: 724-537-9003

CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14766
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13003
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 30-40

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : GREEN

CONDITIONING STARTED : DATE : 1-15-13
TIME : 9:00 AM

TEST STARTED : DATE : 1-16-13
TIME : 1:15 PM

RESULTS :

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	3.0
#2.	0.0	0.0	3.2
#3.	0.0	0.0	3.0
AVG.	0.0	0.0	3.1

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN

Kelly Bures

CHESTNUT RIDGE FOAM INC.
 VERTICAL BURN TEST # 14546
**12-SECOND VERTICAL BUNSEN BURNER TEST
 FOR CABIN AND CARGO COMPARTMENT MATERIALS**
 SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT FR 4440 FABRIC
 BATCH / LOT NO.: 8633
 CUSTOMER PRODUCTION
 P.O. NO.
 OTHER IDENTIFICATION: SUPPLIED BY: HANES CONVERTING CO. OF CONOVER, NC
 ON INVOICE #62-117735

TEST BEING RUN: VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
 MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F: YES

MATERIAL COMPOSITION: NA

MATERIAL PATTERN: WOVEN

MATERIAL COLOR: TAN

CONDITIONING STARTED: DATE: 7-5-12
 TIME: 10:00 AM

TEST STARTED: DATE: 7-6-12
 TIME: 11:45 AM

RESULTS:

FLAME TIME (SECONDS)		DRIPPINGS (SECONDS)		BURN LENGTH (INCHES)	
WARP	FILL	WARP	FILL	WARP	FILL
#1.	0.0	0.0	0.0	3.4	3.6
#2.	0.0	0.0	0.0	3.6	3.5
#3.	0.0	0.0	0.0	3.5	3.5
AVG.	0.0	0.0	0.0	3.5	3.5

PASS: X FAIL:

COMMENTS:

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
 PARAGRAPH (a) AND APPENDIX F, PART 1. (a), (1), (ii).

TESTED BY: KELLY BURES
 SR. LAB TECHNICIAN

Kelly Bures

CORPORATE OFFICE
 500 N. MClin Creek Rd.
 P. O. BOX 457
 CONOVER, NC 28613-0457
 PHONE (828) 464-4673
 FAX (828) 464-0459

HANES
engineered materials
 A *Loyd & Platt* COMPANY

INVOICE
 PLEASE REMIT TO:
 HANES ENGINEERED MATERIALS
 L&P FINANCIAL SERVICES CO.
 P O BOX 60984
 CHARLOTTE, NC 28260

SOLD TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

SHIP TO
 CHESTNUT RIDGE FOAM
 ROUTE 981 NORTH
 PO BOX 781
 LA TROBE, PA 15650

INVOICE NUMBER	INVOICE DATE	TERMS	CARRIER	ROUTING	PPCO		
62-117735 6/29/2012 NET 30			USF HOLLAND INC		C		
CUSTOMER NO.	CUSTOMER ORDER NO.	SLSH. NO.	SLGMAN	ORDER DATE	DAY8	BILL OF LADING	RELEASE #
15985	30402	65	452	6/26/2012 CONOVER, NC		S/L 88771	010 66095
PRODUCT NO.	WIDTH	DIM-2	DESCRIPTION	PUTUP	PK	QC	CS
30333	40.000		TICKING FR 4440	250	RL	CC	27
CERTIFICATION: THE SELLER DOES NOT CERTIFY, EITHER IMPLICITLY OR EXPLICITLY, THESE PRODUCTS TO MEET THE REQUIREMENTS OF ANY REGULATORY AGENCY OR SPECIFICATION EXCEPT AS MAY BE CERTIFIED ABOVE OR UNDER SEPARATE WRITTEN CERTIFICATION. ALL TRANSACTIONS ARE SUBJECT TO THE CONDITIONS ON THE REVERSE SIDE OF THIS INVOICE.							
USF HOLLAND INC PROB 10135770954							
JUL 09							

15985
 ORIGINAL

842 THE LAWS OF THE STATE OF NORTH CAROLINA SHALL GOVERN THIS TRANSACTION. A LATE PAYMENT CHARGE AT A PER ANNUAL RATE EQUAL TO THE PRIME RATE OF THE CHASE MANHATTAN BANK, N.Y. IN EFFECT ON THE FIRST DAY OF EACH MONTH PLUS 2%, OR 18% PER ANNUAL WHICHEVER RATE IS HIGHER, WILL BE IMPOSED ON THE FIRST OF EACH MONTH ON ALL PAST DUE INVOICES PAID DURING THE MONTH.

TOTAL INVOICE
 AMOUNT

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CHESTNUT RIDGE FOAM INC.
VERTICAL BURN TEST # 14759
12-SECOND VERTICAL BUNSEN BURNER TEST
FOR CABIN AND CARGO COMPARTMENT MATERIALS
SHOWING COMPLIANCE TO THE REQUIREMENTS OF 14 CFR 25.853

PRODUCT : CR AIRFLEX
BATCH / LOT NO : AF13002
CUSTOMER : PRODUCTION
P.O. NO :
OTHER IDENTIFICATION : AFX 55-65

TEST BEING RUN : VERTICAL BUNSEN BURNER TEST: 12 SECOND IGNITION TIME
MEETS REQUIRED MINIMUM FLAME TEMPERATURE OF 1550°F : YES

MATERIAL COMPOSITION : AIRFLEX

MATERIAL PATTERN : NA

MATERIAL COLOR : ORANGE

CONDITIONING STARTED : DATE : 1-8-13
TIME : 11:00 AM

TEST STARTED : DATE : 1-9-13
TIME : 11:40 AM

RESULTS :

	FLAME TIME (SECONDS)	DRIPPINGS (SECONDS)	BURN LENGTH (INCHES)
#1.	0.0	0.0	5.2
#2.	0.0	0.0	4.9
#3.	0.0	0.0	4.8
AVG.	0.0	0.0	5.0

PASS : X FAIL :

COMMENTS :

THIS MATERIAL MEETS THE REQUIREMENTS OF THE 14 CFR, PART 25, SECTION 25.853,
PARAGRAPH (a) AND APPENDIX F, PART 1, (a), (1), (ii).

TESTED BY : KELLY BURES
SR. LAB TECHNICIAN

Kelly Bures

CHESTNUT RIDGE FOAM, INC.

443 WAREHOUSE DR.
LATROBE, PA 15650

P/N: 502148-99

SO# : **46213**
DATE MFD: **01/13**

